

# 2009 Softball Adult Registration Form

Entry Fee must accompany this form. You may register by mail, in person, or over the phone with a major credit card (651)558-2255.

**Only one (1) form of payment (cash, check or credit/debit card) will be accepted.**

Please make checks payable to: **Municipal Athletics**

1500 N. Rice St.

St. Paul, MN 55117

(Office Use Only):

Date Received \_\_\_\_\_

Amount \_\_\_\_\_

Check# \_\_\_\_\_

Receipt # \_\_\_\_\_

Staff Initials \_\_\_\_\_

Team Name	Managers Name	
Address	City	Zip
Day Phone (     )	Eve Phone (     )	Cell Phone(     )
Email Address		

Division of Play	Men's	Men's Fast Pitch	Women's	Co Rec
Day of Play/ Class	Mon D McM	Mon& Thur B/C Dunn	Mon D R/A	Sun B R/A
(Please Circle)	Mon D R/A	Thur C Dunn/MCM	Tues D R/A	Sun C R/A
	Mon D (Dbls) R/A		Wed B/C Dunn	Sun C McM
	Tues D/E McM		Wed D R/A	Sun D McM
	Tues D R/A		Wed D/E Phalen	Mon C McM
	Tues D (Dbls) R/A		Thur D R/A	Mon C St. Clair
	Wed D/E McM		Thur D (35& Over) D/E Hazel Park	Tues D McM
	Wed C/D (Dbls) McM			Thur D St. Clair
	Wed D R/A			Fri C/D (Dbls) McM
	Wed D R/A			Fri D McM
	Wed A/B (Wood Bat) (Dbls) R/A			
	Thur D McM			
	Thur D R/A			
	Thur D (Dbls) R/A			
	Fri D McM			
	Fri D R/A			
	Fri D (Dbls) R/A			

Are you a returning **SUMMER** team from last year?                      Yes                      No

If yes - what field and night did you play at last year?                      Night \_\_\_\_\_                      Field \_\_\_\_\_

Complex request \_\_\_\_\_

Comments \_\_\_\_\_

I have read the enclosed conduct policy and will relay it to my team. I will be responsible for the conduct of my team.

Manager/Team Representative \_\_\_\_\_